

NEXT GENERATION TDP QUESTIONS FOR INDUSTRY FORUM

Benefit Package – Diagnostic/Preventive Services

1. What is the industry standard for coverage for oral evaluations?
 - a. 1 per year
 - b. 2 per year any combination (D0120, D0150, D0180)
 - c. 2 + 1 per year if 1 is done in a different office location
2. What is the industry standard for coverage for oral prophylaxis?
 - a. 1 or 2 per year
 - b. 2nd prophylaxis (by report) only for moderate to high caries risk patients
3. What is the industry standard for coverage for topical fluoride applications?
 - a. 1 or 2 per year
 - b. Do some plans offer the second and subsequent applications for moderate to high caries risk patients only?

Benefit Package – Radiography Services

1. Are commercial plans available that offer coverage for certain radiographs prescribed by a licensed dentist but exposed by a radiology lab?
 - a. Pros?
 - b. Cons?

Benefit Package - Sealants

1. What is the industry standard for maximum age coverage for sealants?
2. Do you foresee any problems if we eliminate bicuspid as eligible teeth for sealants?
3. What is the industry standard for cost shares for sealants?
4. Are commercial plans available with no cost shares for sealants?

Benefit Package – Posterior Composite Restorations

1. What is the current industry standard for including posterior composite resins (D2391-D2394) as covered benefits?
2. What is the typical cost share percentage?
3. What is the likely impact on premiums?
 - a. No increase? Small increase? Moderate increase? Big increase?

4. What limitations and exclusions should be applied to these procedures?

Benefit Package – Orthodontics

1. Should we increase the annual lifetime maximum coverage? How much? What is the industry trend?
2. Should we modify the age limitations?
 - a. No age limitations with other specific limitations and exclusions or
 - b. Maintain the status quo
3. Should we offer a two-tiered benefit package with ortho coverage in tier 2?
4. Should we eliminate ortho coverage from the benefit package and offer it as an optional rider or buy-up enhancement?
 - a. What are the pros and cons of riders?
5. Scenario – Enrollee is actively undergoing comprehensive ortho treatment, and the sponsor receives PCS orders to relocate more than ____ miles from the original servicing location. Enrollee moves to new location with sponsor and must find new orthodontist incurring additional expenses beyond the cost of the original treatment plan.
 - a. Is it feasible to include an additional ortho benefit (specific \$ increase) to ease the financial burden to the sponsor?

Benefit Package - Implants

1. In some cases, a single tooth implant to replace a tooth lost to disease or trauma is the most conservative, cost effective treatment method.
 - a. Are commercial plans available that offer single tooth implants and final restorations as covered services?
 - b. Are these services only provided by report?
 - c. What limitations and exclusions would you apply to implant services?
 - d. Are these services offered in commercial plans as buy-up enhancements?

Benefit Package – Cost Shares

1. Enlisted personnel in grades E-1 to E-4 have a difficult time paying cost shares. If we limit all cost shares to 20% for grades E-1 to E-4, what impact will that have on the premiums?
 - a. How would this change impact the recruitment of dentists into the network?

Provider Networks

1. Are commercial plans available that offer Exclusive Provider Networks (EPN) in large urban areas with high concentrations of beneficiaries and dentists?
 - a. How would you recruit dentists to participate in an EPN? What incentives would you use? How would an EPN benefit our enrollees? What would be the impact on premiums?
2. What problems do you foresee if we require an OCONUS provider network in the contract?
 - a. Only in non-remote areas
 - b. With same cost shares as CONUS network?
 - c. With elimination of non-availability and referral forms
 - d. Would quality, access, and other requirements be the same as the CONUS network?
3. Would requiring a “TDP only” network negatively impact the program?

Quality Assurance

1. What will be the impact to the industry if we require submission of a quality improvement plan in your proposals?
2. Does the industry require providers to submit evidence of malpractice insurance coverage before accepting providers into a network?
3. Does the industry query the NPDB as standard practice before including a provider in the network?
4. How does the industry monitor licensure and credentialing/recredentialing of network providers?
 - a. Primary source verification?
 - b. How often do you verify licensure/credentials? How do you do this?

Performance Measures

1. We are considering requiring specific performance measures in the RFP in the form of a Dental Health Plan Report Card.
 - a. Possible categories of performance measures
 - Access and Satisfaction
 - Use of Services
 - Effectiveness of Care
 - Utilization and Membership

Sample Performance Measures

1. Access and Satisfaction

- a. Proportion of network dentists currently accepting new patients
- b. Proportion of network dentists associated with the plan at the beginning of the year who are still plan providers at the end of the year
- c. Patient satisfaction with the plan overall
- d. Patient satisfaction with the care received through the plan
- e. Patient satisfaction with the ease of access to care within the plan
- f. Patient satisfaction with the cost of care received through the plan

Use of Services

1. Use of Services

- a. Receipt of prophylaxis
- b. Preventive treatment : restorative treatment ratio
- c. Endodontic treatment : extraction ratio
- d. Receipt of third molar extractions

Effectiveness of Care

1. Effectiveness of Care

- a. Current Disease Activity Assessment – percentage of enrollees who have had exams within the last year
- b. Preventive treatment – percentage of enrollees who have had preventive treatment (fluoride treatment or sealants) within the past year
- c. Caries/defective restorations – percentage of enrollees who have had restorations placed within the past year
- d. Tooth loss – percentage of enrollees who have experienced tooth loss within the past year

Utilization and Membership

1. Utilization and Membership

- a. Proportion of enrollees receiving a full coverage crown in the past year
- b. Proportion of enrollees receiving endodontic treatment in the past year
- c. Proportion of enrollees receiving periodontal scaling in the past year
- d. Proportion of treatment resources devoted to preventive services
- e. Proportion of treatment resources devoted to diagnostic services
- f. Proportion of treatment resources devoted to operative procedures
- g. Proportion of treatment resources devoted to prosthetic procedures
- h. Proportion of enrollees who discontinued contracts in the past year
- i. Distribution of enrollee ages by five-year categories
- j. Gender distribution of enrollees

Other Performance Measures

1. How would the industry develop and implement a Dental Health Plan report Card for our program?
2. How many measures would you include in a report card? Which measures?
3. Is data currently available to produce these performance measures?
4. Do commercial plans include specific performance measures in their requirements? What are they?

Claims Data Submission

1. We are considering a requirement for routine submission of claims data to a TMA central data repository.
 - a. Patient info and Provider info
 - b. Treatment info and Payment info
2. Does the industry have the technical ability to transmit the data?
3. What would be the preferred method of data transmission?
4. What impact will this requirement have on the costs of the contract?

Active Duty Remote and Referred Care Provided in the Civilian Sector

1. Military Medical Support Office (MMSO), Great Lakes manages pre-determinations, adjudicates claims and authorizes claims reimbursement for private sector dental care. DoD is experiencing escalating costs for this care reimbursed through MMSO. We are seeking alternatives to control costs. What are the Pros/Cons to these different approaches?
 - a. Discounted Fee for Service (DFFS) network with Administrative Services Only (ASO) contract or separate contract with military oversight
 - b. Component of TDP contract or separate contract with military oversight

What is the industry standard for processing claims from network dentists in the following situations:

1. Other Health Insurance.
 - A. How does a second payor calculate financial responsibility for paying the claim after the first payor has made payment? Provide an example.
 - B. What determines the maximum payment to the dentist? The billed amount or the contracted allowable amount? Are there other practices in use to cap the payment?
2. Exhausted Benefits. The enrollee has exhausted benefits under the plan. Are network dentists expected/required to honor the negotiated discount, or are they allowed to bill the enrollee up to billed charges?